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I hereby appoint

☒ Practitioners associated with the Customer Number:

00959

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used).

| Name | Registration Number |
|------|---------------------|
|      |                     |

as attorney(s) or agent(s) to represent me undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to me undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(d).

Assignee Name and Address:

MEDAREX, INC.  
707 State Road  
Princeton, New Jersey 08540

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

**SIGNATURE of Assignee of Record**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

|           |                                |           |         |
|-----------|--------------------------------|-----------|---------|
| Name      | W. Bradford Middlekauff        |           |         |
| Signature | <i>W. Bradford Middlekauff</i> | Date      | 8/22/04 |
| Title     | Authorized Signer for Assignee | Telephone |         |